

City of Longmont Youth Council Application Form

NAME: _____ AGE: _____

GRADE: _____ BIRTHDATE: ____/____/____

SCHOOL YOU ATTEND: _____

HOME MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _(____) _____

Youth CELL NUMBER :_(____) _____

E-MAIL ADDRESS: _____

Parent's or Guardian's Name: _____

Parent's or Guardian Phone number _____

I have given my child permission to apply for selection to this program.

Signature of a Parent or Guardian

_____/_____/_____
Date

Why do you want to be on this council?

What is the main issue facing youth in our community? What do you thin need to be done about this issue?

What, if any leadership experiences have you had? If you have not held leadership positions, what qualities and skills do you possess that would make you a good leader?

Please list all groups and activities that you will participate in this summer and next school year.

Please return to the City of Longmont City Clerk's Office 350 Kimbark St. Longmont, CO 80501
Or Youth Center 1050 Lashley StLongmont, CO 80504. Phone number 303-651-8580

www.longmontcolorado.gov/departments/departments-a-d/children-youth-and-families